Continued Cont	SF	1 PRINTI	NG A PUBI	ND B	INDING R	REQUISI	TION	N sh the	foll	lowina:		JACKET NO). (Assigned at	GPO)	Red	REQUISITION	ON NO.			
AND THE COVER TO THER CAPACITY (Indian of furnished products) Sincks or Blank Forms Sets Plant or Species Species																DATE				
CLASSIFICATION	APPROPI	RIATION CHAF	RGEAB	LE/APP	PLICABLE LAV	W					BILLING ADDRESS CODE (BAC)				AUTHORIZED BY					
Paper Pape	TITLE											QUALITY LE	EVEL			FORM NO.				
THIS ORDER RIDES (Department) (Requisition No.) Text Cover (Requisition No.) (Idadex No.) (Idadex No.) (Idadex No.)	QUANTIT	Y (Units of furni	ished pro	oducts)		□ Boo	oks or	r	4	Blank Form	s \square_{Sets}	Pads or				CLASSIFIC	ATION			
THE TYPE FAGE WIDTH No. of Code Tribus HEAD TO THE ROTO OTHER COVER PRINTS 1 PASTE ON TO OTHER COVER PRODUCE PRODUCE PRINTS 1 2 3 4 EMBONS STIS, PRINS STIS, PRASE STIS, STAMP TITLE, (Bindary) PASSE ITTO COME. Code	THIS ORI	DER RIDES (De	epartme	nt)						(Sheets)			LJ (Sp	ecify)		STRAP WIT	TH REC	UISITIO	ON NO.	
FURNISHED (Magnetic tappe) (Negatives) (Camera Copy) (Manuscript) (Shoot printed copy) PREVIOUS JACKET/REQ. (if reprint) March Direct Drive Other Foll LIT FORMS MUST Registrer Foll Miller Unity Follows Follo	PAPER STOCK AND INK	Text	rade, color, a	ade, color, and basis weight)						HOICE (if any	v)		COLOR(S)	OF INK						
FURNISHED (Magnetic tappe) (Negatives) (Camera Copy) (Manuscript) (Shoot printed copy) PREVIOUS JACKET/REQ. (if reprint) March Direct Drive Other Foll LIT FORMS MUST Registrer Foll Miller Unity Follows Follo		Cover																		
Direct Drive Other Other		OTHER (Spec																		
PRINT ONE SIDE OF TO OTHER COVER PRINTS ONE SIDE OTHER PRODUCT OF THE PRODUCT OF THE PRODUCT OF THE PRODUCT OF THE PRODUCT OTHER PRODUCT OF THE PRODUCT OTHER		I —				(Negative	es)			(Camera Cop	ny)	(Manuscript)		(Shoot printe	d copy)	PREVIOUS	JACKE	T/REQ). (if reprina	·)
PRINT ONE SIDE OF TO OTHER COVER PRINTS ONE SIDE OTHER PRODUCT OF THE PRODUCT OF THE PRODUCT OF THE PRODUCT OF THE PRODUCT OTHER PRODUCT OF THE PRODUCT OTHER	POSITI				DISPLAY	DISPLAY TYPE (Face)					(After trim)	Back/Left	Тор	Top Other					TYPEWRITER SPACING	
PRINT ONLY SIZE FLAT (Inches) FORM SIDE NUMBER (Inclusive) FORM SIDE NUMB	COM		DTH		Col Width	Type Pag	ge Dep ead bu n folio	pth(Includ ut)	de		NS	PICK UP FR	OM Jacket N	lo. Req. No.	ORIGINAL	HOLD REPRO	ODUCIBL	ES (Spec	cify) (Negs typ	
REQUESTED PROOF DATE REQUESTED DELIVERY DATE REQUESTED DATE RE		PRINT ONE SIDE ONLY	HEAD T	0	HEAD TO					EMBOSS	(Print or	PERFORATE	SCORE	POSITION	,	NUMBER (COLOR OF INI
REQUESTED PROOF DATE REQUESTED DELIVERY DATE REQUESTED DATE RE	NDER	FORMS, SETS, PADS				(Inches)			X		SIZE TRIMM PAGE (Inch BOOKS/PA	MED es) MPHLET	LET V		PAGES	FOLDINS/II			PAPER CO	VERS (Separate)
REQUESTED PROOF DATE REQUESTED DELIVERY DATE REQUESTED DATE RE	AND BI	WIRE STITCH (Side) (S	addle)		PASTE ON	LOOSE-LE		ADHESIVE BOUND		SEW	CASE BOUND	(Material and			STAMP TITLE COVER	(Bindery) SPINE	GOLD		IM. GOLD	INK (Color)
REQUESTED PROOF DATE REQUESTED DELIVERY DATE REQUESTED DATE RE	RESS /	PAD/SETS (Gum) (S	Stitch)	(Pos.)	(Sheets in Pad)	(Sets in Pad)				PUNCH/ DRILL	(Shape)	(No. of holes) (Inches Center to Center)		er to Center)	(Pos.)	ROUND CORNERS (No.) (Positio				
REQUESTED DELIVERY DATE KRAFT SHRINK BAND IN SETS SUITABLE OTHER PACKAGING (Specify) DELIVER TO REQUESTED DELIVERY DATE KRAFT WRAP FILM SETS SUITABLE OTHER PACKAGING (Specify) DELIVER TO	ā	GATHER (Exp	plain)		1									(Tab)	(Bleed)	LIP DIVIDERS	S (Height	of Lip)		(Pos.)
DELIVER TO		REQUESTED	PROC	F DATI	E		ETS	Page)		DEPT HOLD (1 (Galley)	Workdays) (Pages)	PROOFS TO		•	•	•				•
	S ANI VERY	REQUESTED	DELIV	/ERY D	ATE						SUITABLE	OTHER PAG	CKAGING (S _I	oecify)			I			B/L FURNISHE
	PROOF	DELIVER TO										1							I	
ADDITIONAL INFORMATION	<u>.</u>																			
	ADDITIO	NAL INFORMA	TION																	
	FOR ADI	DITIONAL INFO	RMAT	ION CO	ONTACT (Nam	ne and Telep	hone l	Number)												
FOR ADDITIONAL INFORMATION CONTACT (Name and Telephone Number)	BILLING	ADDRESS (If E	BAC has	not been	n assigned)															
FOR ADDITIONAL INFORMATION CONTACT (Name and Telephone Number) BILLING ADDRESS (If BAC has not been assigned)					HORIZED BY	LAW AND	NEC	ESSARY	/ TO	THE COND	OUCT OF THE	BUSINESS (OF THE ABO	VE-MENTION	ED GOVERN	MENT ESTA	BLISHN	/ENT		
BILLING ADDRESS (If BAC has not been assigned) I CERTIFY THAT THIS WORK IS AUTHORIZED BY LAW AND NECESSARY TO THE CONDUCT OF THE BUSINESS OF THE ABOVE-MENTIONED GOVERNMENT ESTABLISHMENT	Prescribe	ARD FORM 1 (Fed by GPO of the U.S. Code		/ 1979)																